



GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive, Macon, Georgia 31217

Phone (404) 424-9966 * <https://sos.ga.gov/index.php/licensing/plb/33>

APPLICATION TO BECOME A BOARD RECOGNIZED MASSAGE THERAPY EDUCATIONAL PROGRAM & CURRICULUM CHANGE

GENERAL INSTRUCTIONS

This application is to be submitted if you are applying to become a board recognized massage therapy educational program or the program curriculum changes.

Please read these instructions, the Georgia Law (O.C.G.A. § 43-24A) and Board Rules Chapter 345-8 pertaining to board recognized massage therapy educational programs in Georgia carefully prior to completing application. Type or print your responses in ink. You must respond to all the questions, provide all requested documentation, and have your signature and the application notarized in order for the application to be considered complete. **Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.**

The application fee is non-refundable and non-transferable nor can it be combined with any other fee. As a result, if you fail to complete the application or the application process, to include the submission of the appropriate fee, request that the application be withdrawn before it is processed or the application is denied, the application fee will not be refunded. The Board may deny recognition status to a massage therapy educational program for any reason set forth in O.C.G.A. § 43-24A-7.

Money Orders and personal checks are accepted and are to be made payable to the Georgia Board of Massage Therapy. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. Please refer to the posted fee schedule on the website to ensure that you are submitted the appropriate fee for this application.

If you need to change your contact information, e-mail, mailing and/or physical address WHILE this application is pending, please notify this office in writing, by mail to the above address, fax to (866) 888-1308, or submitting the information via email to PLB-Healthcare2@sos.ga.gov. NOTE: All program faculty or curriculum changes must be submitted to the Board office, using the appropriate forms located on the Board website. Such documentation may also be submitted by mail, fax or email. If submitting any forms by email, they must be in a PDF format.

Massage therapy educational programs may not admit and begin teaching any students until such time that it has gained recognition status from the Board. Since massage therapy educational program recognition must be voted upon by the Board, it is recommended that you complete and submit the application **at least sixty (60 days)** before a scheduled board meeting date to ensure that there is adequate time for the application to be thoroughly processed and any deficiencies addressed. The Board meeting schedule can be located within the *Board Information* section on the home page of the Board website. In most instances once the Board has rendered a decision, the Program Director/Coordinator will receive written correspondence concerning that decision within fifteen (15) business days after the board meeting date. Please note that whereas all applications are confidential, staff may only communicate with the School Owner or Program Director/Coordinator identified on the application. If recognition status is granted, the list of Board recognized schools will also be updated on the Board website.

If you have questions concerning the application, you may submit them via email or contact the Board offices at (404) 424-9966 and an agency representative or Licensing Analyst will assist you.

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive * Macon, Georgia 31217-3858

(404) 424-9966 * <http://sos.ga.gov/index.php/licensing/plb/33>

**APPLICATION TO BECOME A BOARD RECOGNIZED
MASSAGE THERAPY EDUCATIONAL PROGRAM
& CURRICULUM CHANGE**

NON-REFUNDABLE & NON-TRANSFERABLE APPLICATION FEE: \$125.00**(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20).**Please check one of the following options: ☐ Initial Application ☐ Curriculum Change**PART I: PROGRAM ADMINISTRATION**

Name of School			
Is this a reactivation of a previous license?:	() Yes () No	If yes, enter the license #: RMP -	
School Address	Street:		
	City:	State:	Zip:
Name of School Owner	Phone Number: ()		
	Email Address:	Primary Contact? () Yes () No	
Name of Program Director/Coordinator	Phone Number: ()		
	Email Address:	Primary Contact? () Yes () No	
** PLEASE NOTE: The email addresses provided here will be used to disseminate important and necessary correspondence from the Board which may affect the recognition status of the program; therefore, it must be an email address that is checked frequently.			

The following questions are related to administrative personnel and staff for the school and massage therapy educational program. If you answer "Yes" to the questions below attach a certified copy of final dispositions or final orders as well as any other details which you wish to provide the Board.

() Yes () No	To the best of your knowledge, has the school, any owner, any instructor, or its director/coordinator ever been convicted of a felony?
() Yes () No	To the best of your knowledge, has the school, any owner, any instructor, or its director/coordinator ever been disapproved or disciplined by the Georgia Board of Massage Therapy, or any state or federal licensing agency or authority which regulates any profession? (Disciplinary actions include, but are not limited to, such actions as a reprimand, a suspension, a revocation, a fine, or any restriction placed on your rights to operate as a school and/or licensee.)
() Yes () No	Have you read and understood each rule in Board Rules Chapter 345-8?
() Yes () No	Does your school have any additional accreditations, credentials or approvals issued by other entities? If yes, you must provide copies.

() Yes () No	Have you obtained a School Provider Code from National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)? If so, you must submit a copy of the certificate or letter received from NCBTMB providing the school provider code number.
() Yes () No () N/A	Have you obtained: An Authorization Number from the Georgia Nonpublic Postsecondary Education Commission (NPEC); or,
() Yes () No () N/A	Accreditation from the Commission on Colleges of the Southern Association of Colleges; or,
() Yes () No () N/A	An accrediting agency recognized by the United States Department of Education that is approved by professional licensing board, department, or agency in another state, jurisdiction, or territory whose standards have been determined by the board to be equivalent to the Nonpublic Postsecondary Education Commission? <i>You must submit a copy of the certificate or letter received from one or more of the entities identified in this section providing the school provider code number or accreditation.</i>
() Yes () No	Did you enclose a complete copy of your program catalog?
() Yes () No	Did you enclose a complete copy of your student handbook?
() Yes () No	Did you provide a copy of the transcript that will be used by your program?
() Yes () No	Do you have student handbooks and school catalogs to provide to each student?

PART II: CURRICULUM REQUIREMENTS

In order for applicants to be eligible for licensure he or she must have completed (graduated) from a board recognized massage therapy educational program. In order for the massage therapy educational program of a school to be recognized by the Board, the program must have a minimum curriculum of five-hundred (500) total supervised clock hours of classroom and hands-on instruction at the board recognized massage therapy educational program location approved by the Board. Community events must also be supervised by the faculty or staff identified in the program application as approved by the Board. In the section below you must identify where the curriculum requirements can be located within the program catalog and/or the student handbook you have provided to the Board.

REQUIREMENT	CHECK ALL THAT APPLY		PAGE NUMBERS
A minimum of one hundred twenty-five (125) hours of in-class supervised instruction in human anatomy, physiology and kinesiology.	Catalog		
	Student Handbook		
A minimum of forty (40) hours of in-class supervised instruction in pathology;	Catalog		
	Student Handbook		
A minimum of two-hundred hours (200) in massage therapy theory, technique and practice, which must include in-class supervised instruction of clinical techniques and hands-on clinical practice and must include, at a minimum, the following subject matters: effleurage/gliding; petrissage/kneading; compression; friction, tapotement/percussion; vibration; direct pressure; superficial warming techniques; pumping; stretching; jostling; shaking; rocking;	Catalog		
	Student Handbook		
REQUIREMENT	CHECK ALL THAT		PAGE NUMBERS

	APPLIES		
A minimum of one hundred twenty-five (125) hours of in-class supervised instruction in contraindications, benefits, universal precautions, body mechanics, massage history, client data collection, documentation, and legalities of massage, professional standards including draping and modesty, therapeutic relationships and communications;	Catalog		
	Student Handbook		
A minimum of ten (10) hours of in-class supervised instruction in ethics and business (to include a minimum of six (6) hours in ethics); and	Catalog		
	Student Handbook		
Of the five hundred (500) total clock hours, the curriculum must include a minimum of fifty (50) hours in supervised student clinical practice, but no more than sixty (60) hours in supervised student clinical practice. Nothing in this rule shall be construed to prohibit a massage therapy school that has a curriculum greater than five hundred (500) hours from having more supervised student clinical practice so long as it has at least four hundred and forty (440) hours of in-class supervised instruction.	Catalog		
	Student Handbook		

PART III: FACULTY REQUIREMENTS

In order to be a board recognized massage therapy educational program, the program must have a student to faculty ratio in the lab/clinical/community area that shall not exceed twenty (20) students to one (1) instructor, with no more than ten (10) student therapists and ten (10) students serving as clients. Lecture classes are not subject to this ratio. All licensed faculty must maintain compliance with all statutes and rules governing their practice to include but not limited to all renewal requirements.

Lead faculty for lab, clinical and community courses shall hold a current Georgia massage therapy license and must demonstrate competence in their respective areas of teaching as evidenced by a minimum of a Bachelor's degree or 4 years of experience in the course(s) they will be teaching.

Lead faculty for human sciences courses (anatomy, pathology, physiology) are not required to hold a massage therapy license; however, the faculty member must demonstrate competence in their respective areas of teaching as evidenced by a minimum of a Bachelor's degree or 4 years of experience in the course(s) they are teaching.

NAME OF THE INSTRUCTOR	TOTAL NUMBER OF YEARS TEACHING	SUBJECT(S) THE INSTRUCTOR WILL TEACH	NUMBER OF YEARS TEACHING THIS SUBJECT

*** If there are additional instructors that need to be listed, please attach list to application.**

If a school utilizes faculty assistants, in order to be a Board recognized massage therapy educational program, it shall establish and maintain policies that set forth qualifications, duties and procedures for use of these personnel. Faculty assistants shall not be used as substitutes or replacements for regular faculty; shall not be responsible for the overall evaluation of any student; and shall work under the direct supervision of approved faculty.

Does your school utilize faculty assistants? () Yes () No. If yes, how many do you employ? _____

Where is this information located in the school handbook or catalog? Page Number(s) _____

In order to be a Board recognized massage therapy educational program, the ratio of students to faculty in the lab / clinical / community area shall not exceed 20 students to 1 instructor with no more than 10 student therapists and 10 students serving as clients. Lecture classes are not subject to this ratio.

What is your current teacher/student ratio? _____

Where is this information located in the school handbook or catalog? Page Number(s) _____

CLINICAL PRACTICE REQUIREMENTS

When student clinical practice is being performed on the general public, the supervising clinical faculty instructor(s) shall hold a current state license, if a state license is required to practice massage therapy in that state.

NAME OF CLINICAL INSTRUCTOR(S)	LICENSE NUMBER	ISSUE DATE OF THE LICENSE

*** If there are additional instructors that need to be listed, please attach list to application.**

PART IV: ADDITIONAL PROGRAM REQUIREMENTS

In order to be a Board recognized massage therapy educational program, the program must require that each student have a minimum grade of 70% in order to receive credit/hours in massage therapy related course and clinical work.

What is the minimum grade required to pass each class _____?

Where is this information located in the school handbook or catalog? Page Number(s) _____

In order to be a Board recognized massage therapy educational program, the program must maintain a written program, philosophy and objectives.

Where is this information located in the school handbook or catalog? Page Number(s) _____

If not outlined in your school handbook/catalog, please provide the Board with a copy of your school's written philosophy, program, & objectives.

In order to be a Board recognized massage therapy educational program, the program must maintain course outlines or syllabi for all massage therapy courses.

Where is this information located in the school handbook or catalog? Page Number(s) _____

Please provide the Board with a copy of your school's massage therapy syllabus or outline. Information must be included with your completed application.

In order to be a Board recognized massage therapy educational program, the program must maintain permanent student records that summarize the credentials for admission, attendance, grades and other records of performance. Please provide a brief description concerning the information contained within a student record at your school and how that information is maintained.

AFFIDAVIT

I, THE UNDERSIGNED, SWEAR AND AFFIRM THAT ALL INFORMATION PROVIDED IN AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER SWEAR AND AFFIRM THAT I HAVE READ AND UNDERSTAND THE CURRENT STATE LAWS, RULES AND REGULATIONS OF GEORGIA BOARD OF MASSAGE THERAPY AND AS THE DIRECTOR/COORDINATOR OF THE MESSAGE EDUCATION PROGRAM AT _____ (Enter the school name), I AGREE TO ABIDE BY THE LAWS, RULES AND REGULATIONS, AS AMENDED.

PROGRAM DIRECTOR/COORDINATOR SIGNATURE

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20____.

NOTARY PUBLIC

(NOTARY SEAL)

MY COMMISSION EXPIRES: _____

APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws, rules and regulations of the **Georgia Board of Massage Therapy**, and as the Director/Coordinator of the Massage Therapy Educational Program at _____ (Enter the School Name), I agree to abide by these laws, rules, and regulations, as amended.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 8 & 9 of this application.**
- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 8 & 9 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Massage Therapy and/or criminal prosecution.

Signature of Applicant _____

Date _____

Sworn to and subscribed before me this

_____ day of _____, 20____

(Notary Seal) Notary Public Signature

My commission expires: _____

Note to Notary: Application must be signed with proper ID.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

License Type: **Recognized Massage Educational Program**

Name (Please print clearly)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued October 28, 3026 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- _____ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An expired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____ A unexpired passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.

²Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.